

December 2, 2019

Brian Zolynas
Division of Medicaid and Children's Health Operations
U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

RE: Arizona SPA #19-013, Dental AIR

Dear Mr. Zolynas:

Enclosed is State Plan Amendment (SPA) #19-013, Dental AIR, which updates the State Plan to reflect the emergency dental benefit cap as being the higher of \$1000, or the full AIR complete payment methodology in accordance with the OMB rate for IHS/638 facilities, effective October 1, 2019.

If you have any questions about the enclosed SPA, please contact Alex Demyan at (602) 417-4130.

Sincerely,



Dana Hearn
Assistant Director
Arizona Health Care Cost Containment System (AHCCCS)

cc: Blake Holt, CMS
Mark Wong, CMS
Amy Upston

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
1 9 — 0 1 3

2. STATE
Arizona

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2019

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447

7. FEDERAL BUDGET IMPACT
a. FFY 2020 \$ 22,800
b. FFY 2021 \$ 22,800

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B Pg. 5b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)
Attachment 4.19-B Pg. 5b

10. SUBJECT OF AMENDMENT

Reflect the emergency dental benefit cap as being the higher of \$1000, or the full AIR complete payment methodology in accordance with the OMB rate for IHS/638 facilities.

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME
Dana Hearn

14. TITLE
Assistant Director

15. DATE SUBMITTED
12/2/19

16. RETURN TO

Dana Hearn
801 E. Jefferson, MD#4200
Phoenix, Arizona 85034

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

State: ARIZONA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

OTHER TYPES OF CARE

- **Other Licensed Practitioner Services**
 - OLP-Pharmacist: AHCCCS-registered pharmacies will be reimbursed for all AHCCCS covered immunizations and anaphylaxis agents administered by licensed pharmacists within the scope of their practice. AHCCCS will provide an administration fee for pharmacies administering the vaccine. The administration fee can be found on the AHCCCS website at <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/pharmacy.html>
 - OLP-Emergency Medical Care Technician: EMCT personnel providing Treat and Refer services through an AHCCCS-registered Treat and Refer entity whereby the entity will be reimbursed for Treat and Refer services subject to the available rates located at <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/>
- **Dental Services**
 - Dental services up to the annual limit detailed in Attachment 3.1-A. The individual's annual dental benefit limit of \$1,000 will be reduced by the scheduled fee-for-service amount paid to the provider or the full amount of the All Inclusive Rate (AIR) detailed in this Attachment when the service is provided by an I.H.S. or 638 facility. The facility will receive the full AIR so long as the balance of the individual's annual benefit is greater than zero.
- **Vision Services** (including eye examinations, eyeglasses and contact lenses)
- **Diagnostic, Screening and Preventive Services**
- **Respiratory Care Services**
- **Transportation Services** (see page 5h for information about ambulance rates)
- **Private Duty Nurse Services**
- **Other practitioner's services**
- **Physical therapy**
- **Occupational therapy**
- **Services for individuals with speech, hearing and language disorders**
- **Prosthetic devices**
- **Screening services**
- **Preventative services**
- **Rehabilitation services**
- **EPSDT services**
- **Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women: The rates for these services are included in the fee schedules listed under this Attachment associated with the relevant provider services.**

TN No. 19-00516-006
Supersedes
TN No. 16-0063

Approval Date: October 24, 2016

Effective Date: October 1, 20196